`U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as americied. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
	(AFR-5511)
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1. File Number 13 - 01726

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name	3. Name and address of person filing. 4. Name, file number, and address of labor organization.										
Name	Carl	J Pecor	ar o		Name	Teamster	s Local	Union No.	507		
					Labor	Organization I	File Numbe	064-048	-		i
P.O. B	ox, Bldg., Room No.,	if any		- - -	P.O. B	ox, Building a	nd Ream N	lumber, if any		-	
Street	10437 King C	oe Lane	= -		Street	5425 War	ner I.d,	Unit 7			
City	Strongsville				City	Clevelan	<u></u>		· - ·		. —
State	Ohio	Zif	Coda+4 4414	9	State	Ohio			ZIP Code + 4	44125	
5. Positi	on in labor organizati	on. President									
	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or inflirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively speking to represent.										
A. Held moneta	l an interest in, eng ary value from an e	mployer whose e	mployees your	organizati	on repres	sents or is a	CUVEL) SEE	aking to repres	sent.		-
6. Name	e and adcress of Emp	loyer (including trad	e name, if any).		7.a. Nati	ure of interest	, Irensiou	an, or Income.	-	-	
Name			-								
Trade	Name, if any:										
P.O. 8	Sox, Bidg., Room No.	, if arry	-		7.b. Am						
Street	<u> </u>		=	 -							
City									\$0		
State		z ı	P (2ode + 4	,			<u></u>				
				Sign	nature						
Subm	signature and vertific nitted in this report (in rrsigned's knowledge ned	cluding the information and belief, true, com	on contained in any	accompan	ying docun ection on p	nents), has be	en examine instruction	ed by the signal	ory and is, to t	nformation he best of th	ње
		0				Date		T	elephone Numi	ber	
Form Liv	A-30 (2003)	•								Pa	age 1 of 6

Name of Person Filing Carl Pecoraro	File Number U- 01726
B. Held an interest in or derived income or economic banefit with monetary was substantial part of which consists of buying from, setting or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or salting or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade rame, if any).	9. Business deals with:
Name Teamsters Local Union No. 507 CER Fund	X a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 5425 Warner Rd, Unit 7	
City Cleveland	
State Ohio ZIP (code + 4 44125	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Teamsters Local Union No. 5(7	Participant as a πimber of Teamsters Local 507
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 5425 Marner Rd, Unit 7	11.b. Approximate dollar value of such dealing. \$0
City Cleveland	12.a. Nature of interest he d cr income received.
State Ohio ZtP Code + 4 44125	Participant in Charitable, Educational and Recreational activities with and on behalf of members of Teamsters Local 507.
	12.b. Amount. \$2,065
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mono	der parts A and B above) ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
Caty	
State ZP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$0
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3127/06

Name of Person Filing Ca	rl Pecoraro
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or teasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Cleveland Bakers & Teamsters Pension Fund	a. Labor Organization
Trade Name, if any: P.O. Box, Bicg., Room No., if any	X b. Trust
Street 9665 Rockside Road, Ste D	c. Employer
City Cleveland State Ohio ZIP Cod2 + 4 44125	
10. If 9.b. or 9.c. is checked give trust or employe:'s name.	11.a. Nature of such dealing.
Name Teamsters Local Union No. 507	Participation as Union Trustee as a member of Teamsters Local Union No. 507
Trade Name, if any:	
P.O. Box, Bld ₃ ., Room No., if any	
Street 5425 Warner Rd, Unit 7	
City Cleveland	
State Ohio ZIP Coce + 4 44125	11.b. Approximate dollar calce of such dealing. \$0
	12.a. Nature of interest held or income received.
	All payments/remuneration relate to the 2005 Cleveland Bakers & Teamsters Pension Fund ongoing operations.
	12.b. Amount. \$5,307
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3122/06

	Name of	Persor	Filing	Carl	Pecoraro
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F	ile	Num	ber l	J - 6	1	726

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.a. Nature of interest hald or income received. Participation in event on 10/26/05		
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 2060 R 9th St City Cleveland State Ohio ZIP Code + 4 44115 10. If 9b. or 9c. is checked give trust or employer's name. Name Cleveland Bakers & Teamste:s Health & Welfar Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 9665 Rockside Rd., Ste C City Cleveland State Ohio ZIP Code + 4 44125 11.a. Nature of such dealing. Third party admintrator and insurance company for Fund participant henefits. 11.b. Approximate dollar value of such dealing. \$42,893,866 12.a. Nature of interest 1:ld or income received. Participation in event on 10/26/05	8. Name and address of Business (including trade name, if any).	9. Business deals with:
P.O. Box, Bidg, Room No., if any Street 2060 E 9th St City Cleveland State Ohio ZIP Cods + 4 44115 10. If 9b. or 9c is checked give trust or employers name. Name Cleveland Bakers & Teamsters Health & Welfar Trade Name, if any: P.O. Box, Bidg, Room No., if any Street 9665 Rockside Rd, Ste C City Cleveland State Ohio ZIP Cods + 4 44125 11.a. Nature of such dezing. Third party adminstrator and insurance company for pund participant henefits. 11.b. Approximate dollar value of such dealing. \$42,893,866 12.a. Nature of interest half or income received. Participation in event on 10/26/05	Name Medical Mutual of Ohio	a. Labor Organization
P.O. Box, Bidg., Room No., if any Street 2060 E 9th St City Cleveland State Ohio ZIP Cods + 4 44115 10. If 9.b. or 9.c is checked give trust or employers name. Name Cleveland Bakers & Teamsters Health & Welfar Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 9665 Rockside Rd., Ste C City Cleveland State Ohio ZIP Cods + 4 44125 11.b. Approximate do@ar value of such dealing. \$42,893,866 12.a. Nature of interest hald or income received. Participation in event on 10/26/05	Trade Name, if any:	✓ b Trust
Street 2060 E 9th St City Cleveland State Ohio ZIP Code+4 44115 10. If 9.b. or 9.c is checked give trust or employers name. Name Cleveland Bakers & Teamsters Health & Welfar Trade Name, if any: P.O. Box, Bldg, Room No., if any Street 9665 Rockside Rd, Ste C City Cleveland State Ohio ZIP Code+4 44125 11.b. Approximate dollar value of such dealing. \$42,893,860 12.b. Nature of interest Fild or income received. Participation in event on 10/26/05	P.O. Box, Bidg., Room No., if any	
State Ohio ZIP Cods + 4 44115 10. If 9.b. or 9.c is checked give trust or employers name. Name Cleveland Bakers & Teamsters Health & Welfar Trade Name, if any: P.O. Box, Bldq, Room No., if any Street 9665 Rockside Rd, Ste C City Cleveland State Ohio ZIP Cods + 4 44125 11.a. Nature of such daz@ing. Third party admin.ntrator and insurance company for Fund participant benefits. 11.b. Approximate dollar value of such dealing. \$42,893,860 12.a. Nature of interest half or income received. Participation in event on 10/26/05	Street 2060 E 9th St	c. Employer
10. If 9.b. or 9.c is checked give trust or employers name. Name Clevaland Bakers & Teamsters Health & Welfar Trade Name, if any: P.O. Box, Bidg, Room No. if any Street 9665 Rockside Rd, Ste C City Cleveland State Ohio ZIP Cod3+4 44125 11.b. Approximate dollar value of such dealing. \$42,893,866 12.a. Nature of interest fall or income received. Participation in event on 10/26/05	City Cleveland	
Name Cleveland Bakers & Teamsters Health & Welfar Trade Name, if any: P.O. Box, Bidg, Room No., if any Street 9665 Rockside Rd, Ste C City Cleveland State Ohio ZIP Dods+4 44125 11.b. Approximate dollar value of such dealing. \$42,893,860 12.a. Nature of interest Fall or income received. Participation in event on 10/26/05	State Ohio ZIP Code + 4 44115	
Name Cleveland Bakers & Teamsters Health & Welfar Trade Name, if any: P.O. Box, Bldg, Room No., if any Street 9665 Rockside Rd, Ste C City Cleveland State Ohio ZIP Cods + 4 44125 11.b. Approximate dollar value of such dealing. \$42,893,860 12.a. Nature of interest half or income received. Participation in event on 10/26/05	10, If 9.b. or 9.c. is checked give trust or employer s name.	
P.O. Box, Bidg, Room No., if any Street 9665 Rockside Rd, Ste C City Cleveland State Ohio ZIP Code+4 44125 11.b. Approximate dollar value of such dealing. \$42,893,861 12.a. Nature of interest hald or income received. Participation in event on 10/26/05	Name Cleveland Bakers & Teamsters Health & Welfar	Third party administrator and insurance company for Fund participant henefits.
Street 9665 Rockside Rd, Ste C City Cleveland State Ohio ZIP Code+4 44125 11.b. Approximate dollar value of such dealing. \$42,893,860 12.a. Nature of interest hald or income received. Participation in event on 10/26/05	Trade Name, if any:	
City Cleveland State Ohio ZIP Cods + 4 44125 11.b. Approximate dollar value of such dealing. \$42,893,860 12.a. Nature of interest hald or income received. Participation in event on 10/26/05	P.O. Box, Bidg., Room No., if any	
State Ohio ZIP Code + 4 44125 11.b. Approximate dollar value of such dealing. \$42,893,860 12.a. Nature of interest held or income received. Participation in event on 10/26/05	Street 9665 Rockside Rd, Ste C	
12.a. Nature of interest hald or income received. Participation in event on 10/26/05	City Cleveland	
Participation in event on 10/26/05	State Ohio ZIP Code + 4 44125	11.b. Approximate dollar value of such dealing. \$42,893,866
		12.a. Nature of interest hald or income received.
12.b. Amount. \$30		Participation in event on 10/26/05
12.b. Amount. \$30		
12.b. Amount. \$30		
		12.b. Amount. \$308

3/27/06

Name of	Person	Filina	Carl	Pecoraro
Name of		1 1111174	Carr	LECOLATO

File Number U- 01726

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Medical Mutual of Ohio	a. Labor Organization
Trade Name, fany:	X b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 2060 E 9th St	
State Ohio ZIP (Code + 4 44115	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Cleveland Bakers & Teamsters Health & Welfar	Third party admiristrator and insurance company for Fund participant hanefits.
Trade Name, :f any:	
P.O. Bax, Bldg., Roam No., if any	
Street 9665 Rockside Rd, Ste C	-
City Cleveland	
State Ohio ZIP Code + 4 44125	11.b. Approximate dollar value of such dealing. \$42,893,866
	12.a. Nature of interest held or income received.
	Participation in event on 1/22/05
	12.b. Amount. \$433

	Name of Person	Filina	Carl	Pecoraro
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inc	luding trade name, if any).	9. Business deals with:	
Name Watson Wyatt		a. Labor Organization	
Trade Name, if any:	- -	★ b. Trust	
P.O. Box, Bidg., Room No., if any		X b. Trust	
Street 1801 B 9th St, Ste 14	100	c. Emplayer	
City Cleveland			
State Ohio	ZIP Cod3+4 44114		
10. If 9.b. or 9.c. is checked give trust or	employer's name.	11.a. Nature of such dealing.	
Name Cleveland Bakers & Te	eamsters Health & Welfar	Benefits consultant	
Trade Name, fany:			
P.O. Box, Bldg., Room No., if any			
Street 9665 Rockside Rd, Ste			
City Cleveland			
State Ohio	ZIP Code + 4 44125	11.b. Approximate dollar પર પ્રાપ્ટ of such dealing.	\$221,887
		12.a. Nature of interest hald or income received.	
		Attendance at evert on 1/1/06	
		•	
			-
		12.b. Amount.	\$380

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